

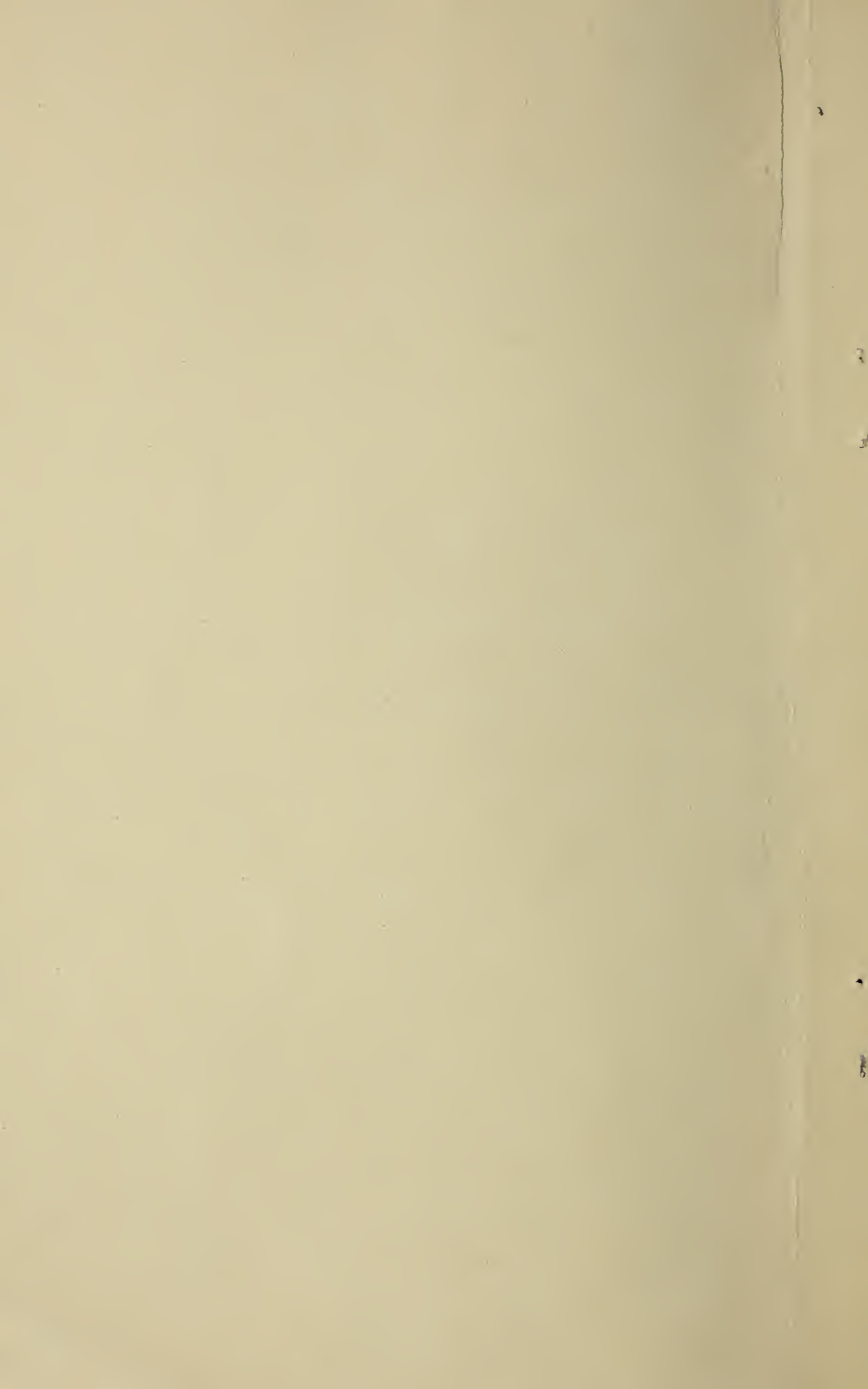
THE HOSPITAL LIBRARY— BOOKS FOR THE PATIENTS

Plea for a Trained Librarian—Administration—Selection of Books—Separate Children's Library—Library Technic—Distribution of Books—The Library as an Adjunct to Other Departments.

By EDITH KATHLEEN JONES,
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REMOTE STORAGE

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BY EDITH KATHLEEN JONES,
LIBRARIAN MCLEAN HOSPITAL, WAVERLEY, MASS.

PERHAPS no other branch of service to the public has grown so rapidly in the last few years as that of the hospital. Cities and states vie with each other in maintaining the finest buildings, the most efficient equipment, the most prominent staff of surgeons and physicians, the best training schools for nurses; private hospitals and sanatoriums have multiplied throughout the land. All departments of science and industry are requisitioned, not only to care for the immediate physical needs of the sick, but also to minister to their minds and train their hands to work which may enable them to earn their livings when dismissed from the hospital as well as help them over many tedious hours of convalescence.

With the baths and the Zander apparatus, the diet kitchen, the handicrafts school, the social service department, all commanded by experts, the library now holds an important place, as it becomes more generally recognized what an essential part is played during convalescence by the right books efficiently administered. The old idea of a library as a mere collection of books, few of intrinsic value, most of them so out of date as to

¹Next month there will be published a paper on The Medical Library, by Mrs. Grace Whiting Myers, Librarian, The Treadwell Library, Massachusetts General Hospital.

be unreadable, all of them with any outer attractiveness they may possess completely disguised in brown paper uniforms and arranged on the shelves without any logical sequence—a library which runs itself, for all the interest anyone takes in it—this old idea happily is passing. The modern, up-to-date hospital knows the value of an equally modern and up-to-date library, in which new books that people want to read are purchased while still new, and taken to patients who will be interested or benefited by them; in which the librarian co-operates with the physician and the nurse for the mental and therefore physical welfare of the patient.

The state and private hospitals for mental diseases have long recognized the need of books in their work, even though comparatively few of them have had, until recent years, organized libraries. That the general hospitals also are convinced of the value of the patients' library is shown by the fact that in the plans for some of the new hospitals recently erected, that department is provided for. The Burke Foundation for Convalescents, at White Plains, N. Y., the Robert Brigham Hospital for Chronic Cases and the Peter Bent Brigham Hospital of Boston, all have included libraries as a necessary part of their equipment. The Boston City and the Massachusetts General Hospitals long have maintained such libraries, and the latter is planning for a bright, cheery reading room and library for patients in its new administration house, as well as for a spacious and well equipped medical library. Nearly all the smaller hospitals have books, if not organized libraries.

The value of the library being conceded, the question remains, how can it be most economically created and efficiently maintained?

Without doubt, for the larger hospitals, general and mental, an organized, central library, with a trained and experienced librarian in charge who shall have full power in the selection and buying of books from a definite, annual appropriation, offers the most logical, the most practical and the most economical solution of the problem.

A PLEA FOR THE TRAINED LIBRARIAN

It must be confessed, however, that the hospitals maintaining such libraries are not many. They may have books, they may have a central library; but in most cases this is not classified or catalogued, and in nine cases out of ten there is no trained librarian. Just why the hospitals, of all institutions, who require experts in every other department, should almost invariably ignore this need in the library, has long been a matter of much speculation among librarians. It cannot be on account of expense, because—although it may leave an untrained person to wrestle as best she can with the technical problems of the patients' library—when the medical library requires cataloguing and classifying, the hospital almost invariably calls in an expert from outside—and pays expert prices. Now suppose the hospital has employed a skilled and experienced librarian for a few weeks and has got its medical library in good working order. The expert goes. New books arrive. Who is going to classify and catalogue these? Who is going to look up the half-forgotten reference for the doctor who is working on an important case? The untrained person who has charge of the library—who, whatever her other qualifications, knows nothing of library technic and probably is unacquainted with French or German? Or must an outside expert again be called in—at expert prices?

Instead of the trained librarian in the hospital, who can manage both libraries, what have we? Usually a much overworked person who does wonderfully well under great handicaps, but who has to work out all technical problems for herself at a great waste of time and energy. In most cases she combines the care of the library with that of some other department—stenography, drugs, handicrafts, recreations, or social service—either one of which really requires all her time and thought and strength. Here is what almost invariably follows: 1 job which takes all one's energy + another job which does the same = 2 jobs half done + 1 worn-out woman. Does the hospital gain or lose in such service?

On the other hand, a trained and experienced librarian has at her fingers' ends the technic which seems so elaborate and hopeless to the untrained person. Her training presupposes a college education or its equivalent, therefore she will know something of French and German and be able to catalogue foreign medical books and look up references. She should be perfectly capable of taking full charge of both libraries, so that no outside help will be needed. She knows editions, and how to buy books, and will study the needs of the general library to build it up intelligently. Moreover, from her superior education, she should be able to help the nurses greatly by suggesting books for them to read and by giving them lectures on books and reading, current events, or the history of art. Such "culture courses" are invaluable to the nurse in her practice and already are being made a feature in certain training schools. It would certainly seem that the trained librarian is worthy of her hire.

ADMINISTRATION

Since the central library, with books loaned from it for longer or shorter periods of time to wards or cottages as well as patients, is now generally conceded to be much more efficient in its workings than the old bookcase with its never-changing books on the wards, this subject need not again be discussed. The next question is of details of administration.

In the first place, the hospitals fall naturally into two classes: those for general, or acute physical and surgical cases, and those for chronic cases and mental diseases. In some departments the two can be administered by the same methods, but the libraries of these two classes call for quite dissimilar treatment in certain respects. The general hospital, whose patients stay only for a few days or weeks, demands a different class of books and a more simple technic than the hospital for mental diseases or chronic cases, whose patients often are detained for months and years.

SELECTION OF BOOKS

Naturally, the first thing to be considered in either the general or the mental hospital is the selection of books and magazines. It is especially important to subscribe to many of the latter, because they are light and easy for weak hands to hold; they have many pictures and short stories and articles. But these, with few exceptions, should be new and current numbers. If there is one thing that those responsible for the selection of reading matter for hospitals overlook, it is that even though the personnel of the patients is continually changing, the books in the library are not peculiar to that library, but probably have been read and re-read by the patients before coming to the hospital. They want something new. They

want the latest magazines and the latest fiction.

Here enters the question, how shall these new books be secured and who shall select them? Usually there is no system about this; there is no definite fund for books; a few are donated from time to time, and the superintendent or the board of lady visitors select those which are purchased. Without going into the pros and cons of this method, perhaps it will be sufficient to say that, in every case known to the writer, that hospital which has a definite sum, however small, with which to buy books as they are published, is firmly convinced that this is the only solution of the buying problem, and those librarians are happiest whose trustees allow them to select the books, having become convinced that the librarian, who comes in contact with her readers and quickly learns the sort of books demanded, is therefore a more competent judge than anyone else of what should be in the library.

The librarian knows that new fiction is demanded; that small, light-weight books of colored pictures or interesting short stories are eagerly taken; that her foreigners' eyes light up with joy at the sight of a readable book in their own language. And she will not make the mistake of one lady visitor, who, out of the kindness of her heart but ignorance of books, sent in an indiscriminate order to her bookseller for "some books in Yiddish." The books came and were duly presented to several Jewish patients in turn, who received them politely but without enthusiasm. Finally the librarian asked one very well-educated and cultivated Jew to tell her what the books were about and why no one read them. He, hesitating for fear of hurting her feelings, explained that they were Christian Bible stories told for children!

For the general hospital, few books other than fiction and pictures will be much in demand by patients, though books of travel and art and some of the best out-of-doors and "nature" essays should be on hand in case they are wanted, but in the hospital for chronic cases or mental diseases, while plenty of fiction and the best of the new novels should be supplied, the other departments also should be built up. Travels, history, biography, art, literature, science, sociology—all these should be represented by the best books for the purpose on each subject. Books dealing with current events should be bought as published. All sorts of persons with all degrees of education will be found in these hospitals, and their tastes must be consulted, although great care must be taken that morbid, gruesome, over-emotional and too sentimental books are not included in a library of this sort.

The children must be especially considered when books are selected, and plenty of wholesome fairy stories and animal stories and books of adventure provided for them.²

LIBRARY TECHNIC

The books having been selected, the next thing is to arrange them on the shelves in some logical order, and provide some sort of list or catalogue by which they may easily be found. In the general hospital, where there is little but fiction, any but the very simplest classification is manifestly absurd. The fiction may be arranged on the shelves alphabetically by authors, by means of the Cutter author-table to three figures, and what little else there is—art, travel, etc.—may be indicated by a class figure before the author num-

²There has recently been published by the A. L. A. Publishing Board, 78 E. Washington street, Chicago, an annotated List of Books for Boys and Girls, by Miss Hewins, which should be a great help in providing reading for children in hospitals.

ber. It is generally found more convenient to keep children's books by themselves. It is doubtful if any catalogue is needed, unless for the sake of the librarian, who probably will know every book without its aid. An accession book may be kept, but experience has shown that the only really essential catalogue is a card shelf list: that is, a card for each book, with number, author and title, arranged in drawers or boxes according to number.

The hospital for mental diseases presents a different problem. Because of the greater number of subjects in its library and because of the fact that the patients probably will use a catalogue to some extent at least, the library technic, while still as simple as possible, will of necessity be more elaborate than in the general hospital. Books must be classified and catalogued in order to be easily found and to show what subjects the library owns. Except in very small libraries the shelf list will not be enough.

There are many ways of charging books, but the simplest and most efficient seems to be by means of a book-pocket pasted on the inside of the back cover of each book, on which the date when the book becomes due is stamped; a book-card bearing number, title and author, which is kept in the pocket when the book is on the shelf and is inscribed, when taken out, with the ward letter or number or the patient's name; a box with date-index cards, in which the cards of the books taken out are placed behind the corresponding date.

The question of covers or no covers on library books has long been a burning one. Nearly all the public libraries have now discarded the paper covers, realizing how much more attractive are the bright book covers. Some libraries shellac

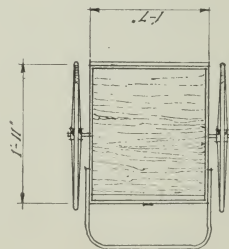
their children's books. Little by little the institutions are adopting the new method of discarding covers, which certainly has everything to recommend it. Theoretically, books get soiled by handling, but in reality, a modern, hygienically conducted hospital with its scrupulously clean patients, would seem to offer the least possible chance for contamination. As far as contagion goes, old books are usually sent to the contagious wards and then burned. There is really less chance for a book to acquire dirt or germs in a hospital than in the ordinary tenement home to which so many public library books are loaned, but if it is a question of paper uniforms or shellac—why not try shellac? It can be washed.

DISTRIBUTION OF BOOKS

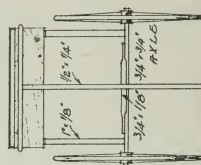
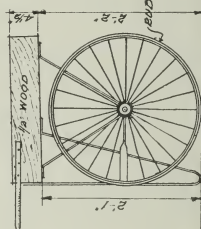
With the ordinary library routine thus reduced to its simplest terms, the librarian has all the more time at her disposal for getting books to the patients. That hospital which can make of its library a pleasant reading and lounging room accessible to all but bed patients, is much to be envied. McLean Hospital has such a central library, and the Burke Foundation, mentioned above, is a good example of this class among the general hospitals. They have there about 600 volumes, 400 of which are in the main library and 200 in the boys' branch; three-quarters of all these are fiction; they have about a hundred books of pictures. Patients go to the central library if they are able, but the wards and cottages are kept well supplied. Although this hospital is so very new, patients and employees are using the library to a degree beyond all expectations.

The Massachusetts General Hospital has an ingenious scheme for getting books to its patients. They have had made a small hand-cart just the

LIBRARY DELIVERY TRUCK



WOOD UNPAINTED BOTH PAINTED



PLAN

SIDE ELEVATION

FRONT ELEVATION



Library cart, in use in the Massachusetts General Hospital.

height of the beds.³ Every afternoon from two till three the librarian spends in one of the wards (taking them in turn, one ward each day) with this little cart piled full of books suited to that ward; the cart is pushed up to each bed and the patients thus can make their own selections. If they ask for any particular book not in the cart, the librarian sees that it is sent to them. Nurses are expected to help the librarian by calling her attention to new patients, and by trying to interest their patients in books.

In the distribution of books in the hospitals for the insane, the cooperation of the nurses, especially the head nurses, is indispensable; for here are, not physically ill or convalescent patients with a normal outlook on life, but patients whose inner vision is distorted, who must be coaxed and urged to interest in things about them. With such, it is not enough for the librarian to leave a book; the nurses must see that it is not destroyed and must try to arouse interest in it. Often it is the nurse who finds out what the patient really wants, but the librarian must be able to give him just that sort of book. There is much opportunity here for the librarian to co-operate with the doctors in selecting books for individual cases—depressed, delusional or excited.

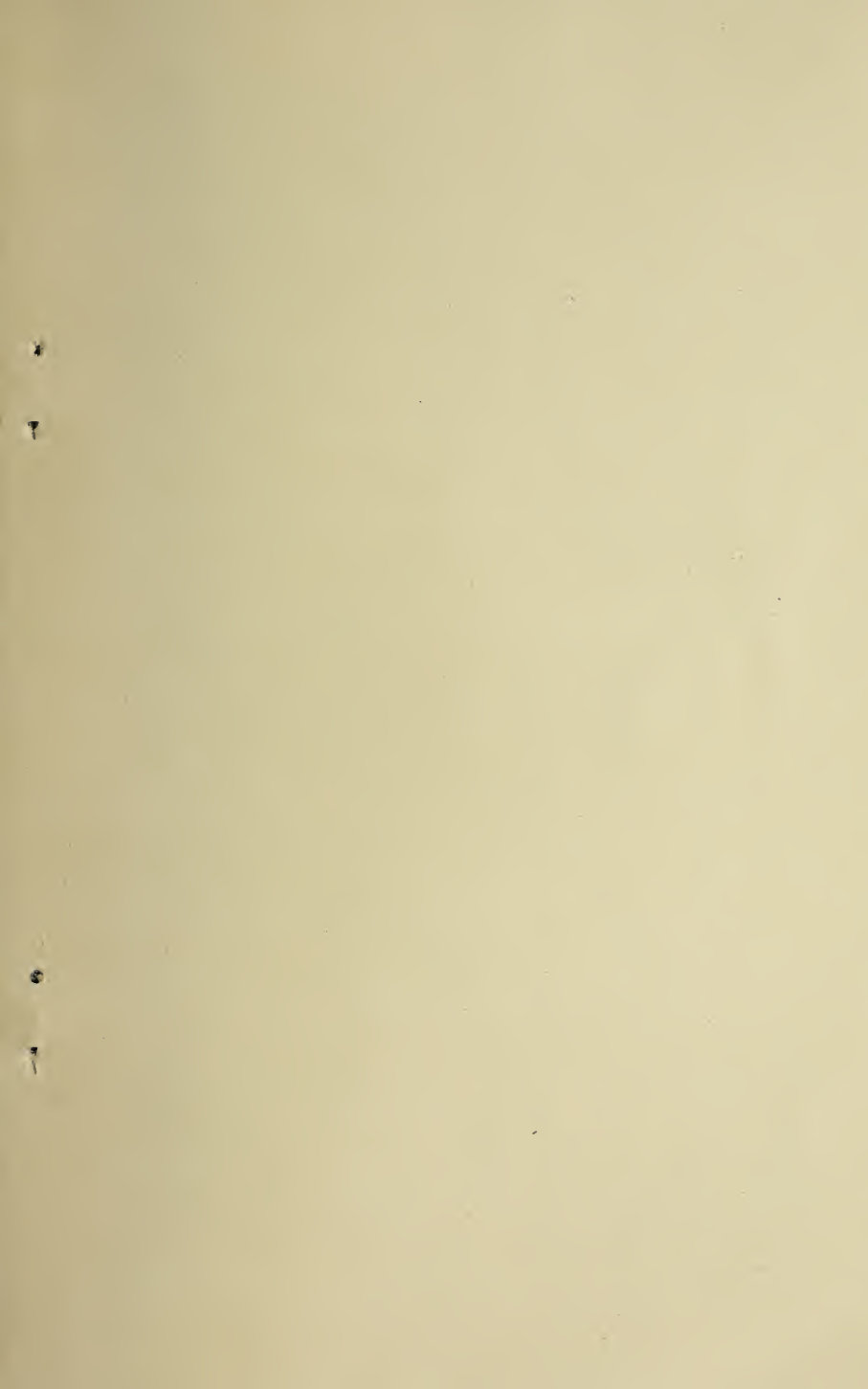
THE LIBRARY AS AN ADJUNCT TO OTHER DEPARTMENTS

That that library is not using its possibilities to the fullest extent which caters only to its patients, is another idea which is gaining ground. Nurses and other employees are quick to respond to its privileges offered them, and the nurses' home might well be considered a branch to which suit-

³See article by Dr. F. A. Washburn, entitled "Hospital Furniture in Use at the Massachusetts General Hospital," in *THE MODERN HOSPITAL* for November, 1914. (Vol. III, p. 335.)

able books are loaned. Of course, to be really valuable, this means that many books other than fiction must be bought.

In the handicrafts department, the library can be of great assistance if it is able to buy books telling how to make baskets, rugs, pottery, etc., and books and periodicals on decoration and design. McLean Hospital supplements its arts and crafts department by a card catalogue, jotting down the volume and page of some particularly pleasing shape for pottery or basket, bit of ornamentation for leather work or wood carving, a hint which might be used in weaving. Already this catalogue has been used sufficiently to compensate for the little trouble it is to make it.





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